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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Jack W. Adoline, et al.
For : DAMPENED COMPRESSION SPRING ROD
Serial No. : 10/820,280
Filing Date : April 8, 2004
Gr. Art Unit : 3683
Our Docket : BGEE 2 00017

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 10-15-04

Adeline Machado
(SIGNATURE)

Adeline Machado

SECOND PRELIMINARY AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Please amend the above referenced patent application as follows:

AMENDMENT TRANSMISSION
CORPORATIONS (LARGE BUSINESSES)
DOCKET NO. BGEE 2 00017

In re application of: Adoline, et al.

Serial No. 10/820,280

Filed: OCT 18 2004 April 8, 2004

For: DAMPENED COMPRESSION SPRING ROD

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

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with the United States Postal Service as first class mail
in an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450
on 10-15-04

Sir:

Transmitted herewith is an amendment in the above-identified application.

Adeline Machado
(SIGNATURE)
Adeline Machado

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 83	Minus	** 83	0	\$18	0
Indep. Claims	* 2	Minus	*** 3	0	\$88	0
Total Additional Fee For this Amendment --->						0

* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

** If the "Highest No. Previously Paid For" is less than 20 write "20".

*** If the "Highest No. Previously Paid For" is less than 3 write "3".

_____ A check in the amount of \$ _____ to cover the required Fee is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

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